

**Fee: \$20.00**

**KENTUCKY BOXING AND WRESTLING AUTHORITY  
APPLICATION FOR LICENSE  
AS A PHYSICIAN**

**I hereby make application for a license to officiate at MMA, boxing / elimination matches as:**

**In accordance with Kentucky law, applicants for license as a physician are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The license fee for each boxing/wrestling official is \$20.00 and must be in the form of a check or money order, made payable to the *Kentucky State Treasurer*. No cash payments are accepted.**

**(Please Print in Ink) This form must be completed entirely.      DATE: \_\_\_\_\_**

**Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_**

**State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (Home) \_\_\_\_\_**

**Work \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_**

**Fax \_\_\_\_\_ E-mail \_\_\_\_\_**

**Date Birth \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ Weight \_\_\_\_\_ lbs.**

**Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Physician License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_**

**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.**

05/06

**Describe your experience that would support your being granted a license.**

**(Continue on a separate sheet if needed):** \_\_\_\_\_

**Have you ever held a license to be a Physician for boxing/elimination matches in Kentucky?**

**\_\_\_\_ Yes    \_\_\_\_ No    License # \_\_\_\_\_**

**Have you ever been licensed to be a Physician for boxing/elimination matches in another state(s)?**

**\_\_\_\_ Yes    \_\_\_\_ No    License # \_\_\_\_\_ If yes, in what state(s) \_\_\_\_\_**

**Have you ever been convicted of a felony? \_\_\_\_ Yes    \_\_\_\_ No    If yes, please provide details.**

**You may use another sheet of paper if necessary.**

**Date \_\_\_\_\_ Offense \_\_\_\_\_ Court \_\_\_\_\_ Disposition \_\_\_\_\_**

**APPLICANT MUST READ THE FOLLOWING VERY CAREFULLY:**

**I hereby certify that under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:**

**Kentucky Boxing and Wrestling Authority  
500 Mero Street  
Capitol Plaza Tower, 6<sup>th</sup> Floor, Office 601  
Frankfort, Kentucky 40601**